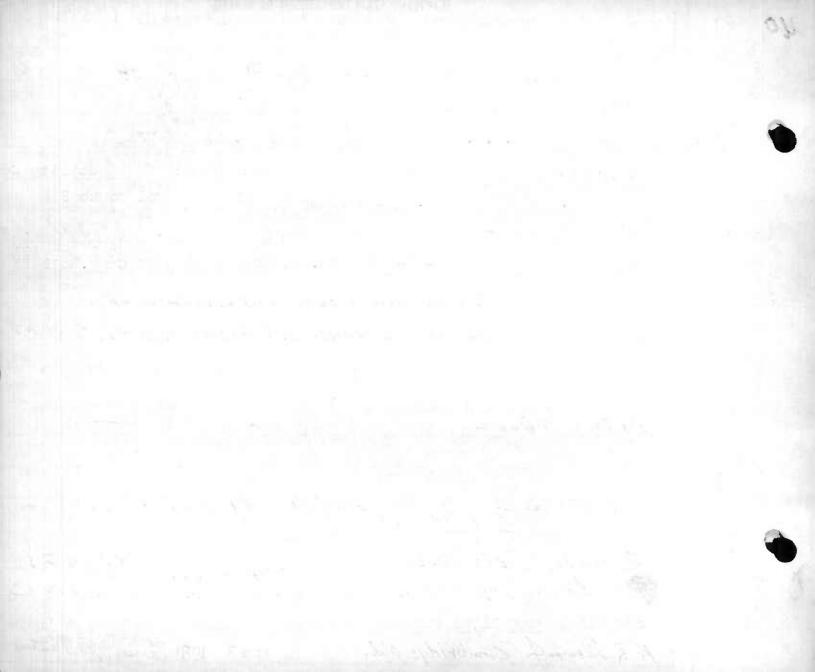
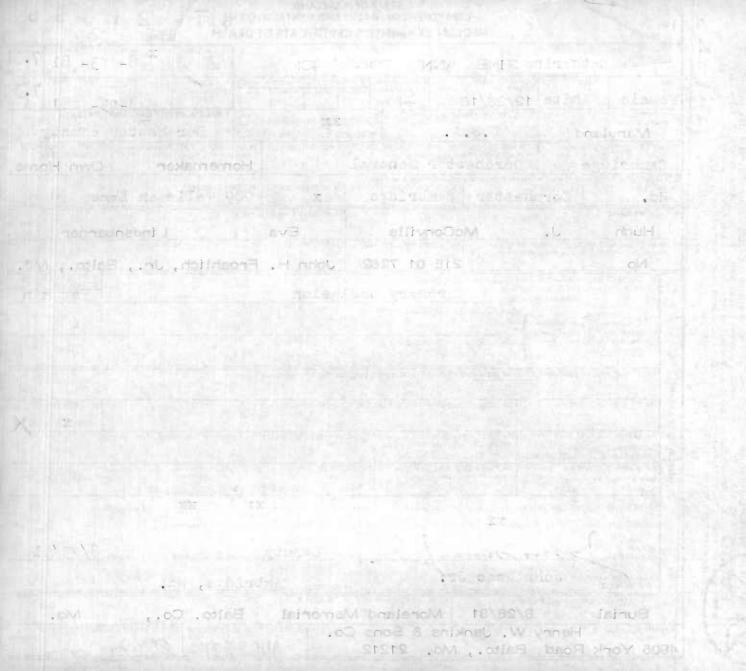
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed etained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and compleshauld be detached for use as the burial-transit permit. Then please remove call the State Dept. af Health prior to burial, cremation, or removal, and the event in the State Dept.	/ 16a. (Y	WAS DECEASED EVER IN U.S. ARM es, no or unknown) (If yes give w	NED FORCES? 16b. SOCIAL SECORITY	7NO. 17. INFORMANT -6535 Mrs. Fran	ces Bollinger	Rt 3 Box 131 Camb.Md21613
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ICIAN: bital or tifficate d far us af Health	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DE. (If either, notify medical examin	ATH HOUR A.M. Month Day Yea	ır 19	inter nature af injury in Part 1 or Part	2, Item 18.)
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6	P .		(IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR OTHER INSTITUTION JE STREET ADDRESS) General Hospital		on Fworking Life 12h KIND OF BUSINESS INDUSTRY 3 Seamstress
filled in	130. 3	ALRESIDENCE (IF NURSING HOME OR STATE 136 COUN WIC	TY 13c CITY O	CE BEFORE ADMISSION) OR TOWN 13d. INSIDE CITY LIMITS? 15DUTY YES NO N	13e STREET ADDRESS	Hobbs Road
shou		THER'S NAME		15. MOTHER'S MAIDEN N	IAME	
amd 2			S. Nibl	ett Ellen	WIDDLE	Davis
Pages 1 a			WAR OR DATES)	10-8021 Mr. Paul 1		93 Crusader Roa Cambridge, Md.
is been signed by the attending it. Then please remove carbon prior to burial, cremation, or ws any injury, or other traum	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C		ASCVD	RMINAL DISEASE OR CON	20h. IF YES, WERE FINDINGS USED
ificate has insit permi Hygiene p m 18 show	TEX.				YES NO	IN CERTIFYING CAUSES OF DEATH?
is certial-tra fental or Ite	MEDICAL CER	21a ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216 TIME OF INJURY HOUR A.M. MONT P.M. 216 PLACE OF INJURY	TH DAY YEAR 19 211 LOCATION	JRRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART † OR PART 2)
: After th as the bur lith and N	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) STREET	CITY OR TOW	VN COUNTY STATE
For use t, of Heatem 21 in		22a certify that (1) (this hasp) saw the deceased alive an abave (1) Dea (did) (did not		_19 and that in my (own) opinia	n death accurred on the do	ate and haur and from the causes state
e detached State Dep ANT: If It		226. SIGNATURE	+ Deeryo		MEDICAL STAF	FF STAND 22 DATE SIGNED
TO FUNERAL should be detace with the State IMPORTANT:		226. PHYSICIAN'S NAME (TYPE OR	L. FIETZY	270 ADDRESS	BYRN S	ST. CAMB. Md
F & 3 2	23a E	BURIAL, CREMATION, REMOVAL	23h. DATE	231. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
			0/07/01	Danasan - O		
		urial UNERAL DIRECTOR	8/27/81	Parsons Cemeter	y Salisbur	CY, Wic., Maryl

F. J. SERUM COMMISSION OF LIBERTS

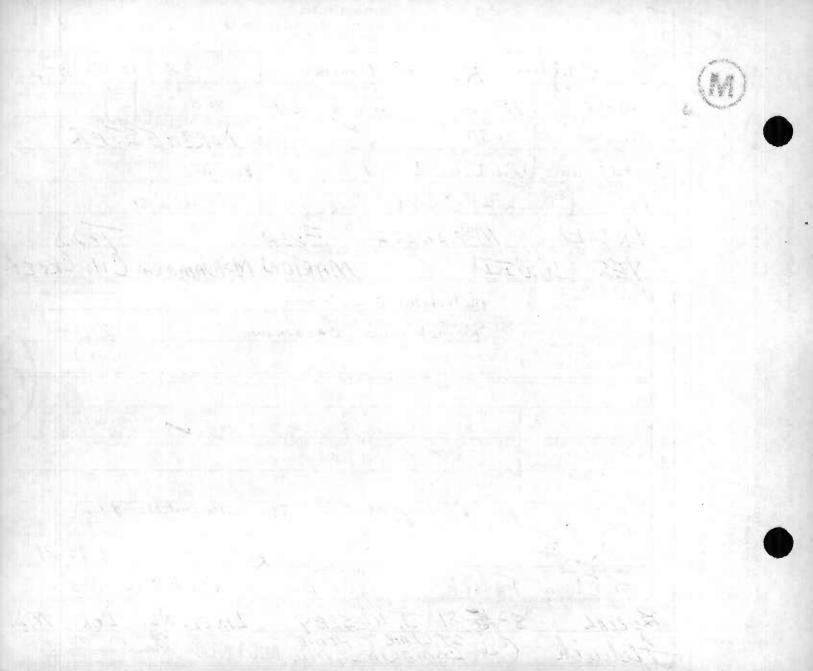
141	- T	STATE OF MARYLAND	
1-	FOR STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG.	2 3 5 9
	CEASED NAME FIRST	YVONNE W. JONES 20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26. HOUR
i. se	RACE black	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 2:1008
7a. B	OREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED 19. BALTIMORE CIT	Y OR COUNTY OF DEATH LESTER COUNTY
3	Cambridge	Dorchester General Hospital For Most of Working Life LAborer	TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY POST OF FFICE
	STATE . 1136 COUL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13. CITY OR TOWN COMICO SALISBURY YES NOW P.O. BOX 14	88 Salis. Md.
	ATHER'S NAME SHMUEL MAS DECEASED EVER INLLES AN	Li Worthington 15 MOTHER'S MAIDEN NAME MIDDLE	Tilahman
100. 1	MAS DECEMBED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT, ADDRI	
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
	gave rise to immediate cause (a) stating the under lying cause last.	e) (b)	
Z	PART 2 OTHER SIGNIFICANT CONDITION	(C) SCONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0	
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES XXX NO
ALCERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	ZID. TIME OF INJURY 10 TIME OF INJURY 10 TIME OF INJURY IN ITEM 10 TIME OF INJURY IN ITEM 10 STEP OF INJURY IN ITEM 11 Subject shot	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE X AT WORK	THE BLACE OF INITIARY AND	
¥	AI WORK - AT WORK		
W	22a I certify that I took char	rge of the remains described above, held an Autopsy XX, Inspection , Inquiry	and in my apinian
W	270 Certify that I took char death resulted fram: Nah ACTUAL	rge of the remains described abave, held an Autopsy XX, Inspection . Inquiry, Inspection, Inquiry, Inquiry, Inspection, Inquiry, Inquiry, Inspection, Inquiry, Inq	and in my apinian
W	22a Certify that I taok char death resulted fram: Noth ACTUAL SIGNATURE	rge of the remains described abave, held an Autopsy XX, Inspection , Inquiry Homical VIIIE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER	
2	22a. I certify that I took char death resulted fram: National Signature	rge of the remains described abave, held an Autopsy XX, Inspection, Inquiry TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER Argarita A. Korell, M.D. ADDRESS 111 Penn Street	and in my apinian], DATE SIGNED 8-3-81

CIO . IT I MAIN THE STATE OF THE S 113-3 STELLER OF THE STATE OF The wife was the good day of the little THE RESERVE AS THE PROPERTY OF 217-14-25 Fine / the Toles States States Luluk care of the St. Land UV Charles of the control of t Idea of the state Tel an a second lil to a second a second Secret. 2/8/87 St. Beer Come not 6 500 Com. Tilde

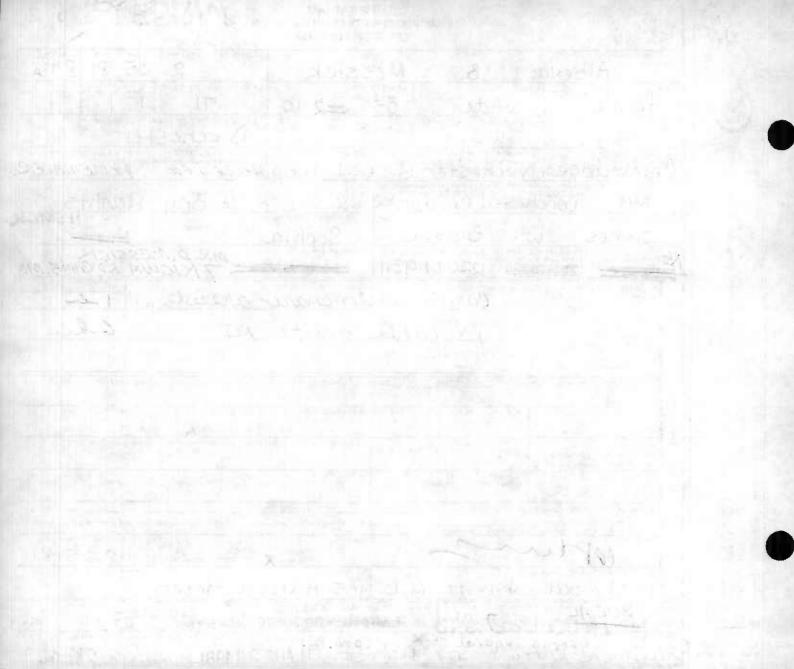
)0	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 REG. N	2 1 3 0 0
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
may be page 3 r death	(TYPE	LOUIS	ST	MARSHALL		8 16 81 7 A. M
may r, pag	3 SE	X	4 RACE	S DATE OF BIRTH	& AGE (IN YEARS LAST RIR	THOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
age 4	1	TALE	CAU	MONTH DAY YEAR	6	YRS.
6 機親 シー	FR. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		OR COUNTY OF DEATH
8 W 50	M	AKYLAND	USA	WIDOWED DIVORCED	100	DRCHESTER MD.
after a series	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12n USUAL OCCUPAT (TYPE OF WORK FOR MOST O	
hours a hours a hours a	4	AMBRIDGE	DORCHESTER	LENERAL	Ret.Tax	
4 bg [7]	13a	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO		13R. STREET ADDRESS	
MARYLAND uted within 2 mpletely fille and 2 should the	4	ARYLAND DORG	HESTEL CAMB	ridge yes & NO [410 BA	1LY AVENUE
d with d with 2 shou	14. E/	THER'S NAME	ADDLE LAST	IS. MOTHER'S MAIDEN NAM	AE MIDDLE	n LAST:
		LOUIS .	T MARSI	HALL MATTIE		WAItson
MOR be ex be ex ages		VAS DECEASED EVER IN U.S. ARA (ES, NO. OF LINKNOWN) 1 1 YES, GIVE	war or dates) 214-07	8482 Marian P. Ma	rshall,Ca	imbridge,Md,
death certificate tending physiciar carbon papers. Fon, or removal.		18 CAUSE OF DEATH Enter onl	y one cause per line for (a), (b), a	ndie.i.		MIWEEN CHOSE AND DEATH
- F 0 F 11		PART I DEATH WAS CAUSED IMMEDIATE	ECAUSE OF TOCAL	orrhilmie	A Libert	
PRESTON ST. It the death cer the attending pl move carbon p emation, or rer other traumatic		4100	DUE TO, OR AS A CONSEQU	ENCEGE 1)		of the second second
ESTC atter ve ca ation		Conditions, if any, which	(IN MADE	and al merchy	n	
		gave rise to immediate cause to stating the	DUE TO, OR AS A CONSEQU	ENCE OF A		
s the state of the		underlying cause lost	10 Rm	of de lano		
DIVISION OF VITAL RECORDS, 201 IDING PHYSICIAN: The law requires strending physician. - After this certificate has been signed is so the burial-transit permit. Then please the and Mental Hygiene prior to burial marked or Item 18 shows any injury.	-	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART TO
DRDS.	CERTIFICATION					
The last been been shows	N.	190 DATE OF OPERATION	1% CONDITION FOR WHICH	HOPERATION WAS PERFORMED	20a AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
NG PHYSICIAN: The niding physician. The this certificate ha he burial-transit perm and Mental Hygiene arked or Item 18 sho	E				YES NO	YES NO
DIVISION OF VITAL SINDING PHYSICIAN: Tattending physician. After this certificate as the burdar-transit posath and Mental Hygies are the marked or Item 18 is marked or Item 18		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
Phy phy phy is ce jal-trillents or lt	3	(IF EITHER, NOTIFY MEDICAL EXAMINER)	9: P.M.	19		
SION G P I ding ding ding ding high	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
DIVIS Ittend Afte Is the Ith an Imark	1	AT WORK ALWORK				
TOR USE 3 Heal			of attended the deceased from	8 16/8 19	10	19, that (i) (we) last
	1 3	sow the deceased plive on a	v/ew/the body ofter death.	, and that (in (my)) (our) opinion of	death occurred on the d	ote and hour and from the causes stated
DIR DEPT.		226. SIGNATURE		DEGREE	WEDICAL STA	274. DATE SIGNED
ITAE			8 km	MO ATTENDING PHYSICIAN	MEDICAL STA	18/16/8
SPI d by NEF be St		224. PHYSICIANIS NAME (TYPE OR	and the same	22R ADDRESS		
TO HOSPITAL OF A retained by the hospital TO FUNERAL DIRECT should be detached for with the State Dept. of IMPORTANT: If Item		STEPHEN A.	1771	DONCHESTER	GEN'L H	OSG CAMPOLIDGE MY
F. S.	23a	BURIAL, CREMATION, REMOVAL	236. DATE 23c	NAME OF CEMETERY OR CREMATORY Dorchester Mem.I	236. LOCATION	COUNTY STATE
BP		Burial	Aug. 18, 1981	Dorchester Mem.I	Park, Camb	ridge, Dor., Md.
DHMH-16 25M	24. F	UNERAL DIRECTOR		25R. DATE	REC'D. BY REGISTRAR	250. REGISTRAR'S SIGNATURE
Ch (VRA 15, 4) 1/79		Thomas Fu	neral Home, C	ambridge,Md.	AUG 2 0 1981	Many Jan Mostle
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1	1	FOR - STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 1	2 3	6 1
		CEASED NAME (FIRST LE CORPRINT)	w Riddle	MEX	lammea	20. DATE OF DEATH MC	-12-E1	26 HOUR 4 P
	3. St	Male	1. RACE Negro	5. DATE O		6. AGE (IN YEARS LAST BIRTHD	YRS.	IF UNDER 24 I
death. Pa	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY) May land	76. CITIZEN OF WHAT COL	INTRY? 8. MARRIE WIDOWS	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR O	ESTER	2
by the fulled with	3 C	mbudo md.	11. NAME OF HOSPITAL, THE NOT IN SUCH FACKITY GR		1	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		F BUSINESS
filled in rould be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD DO	NTY 1 13c. CHTY C	CE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	e .87	
and 2 shadine	14. F	PRESTON	MIDDLE MENT	MARA	15. MOTHER'S MAIDEN NO.	AME MIDDLE	- 10xs	3.2
n ond co		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIA	AL SECURITY NO.	MARION	MENAMA	RA CH.	CRE
is that the death certificate by the attending phease remove carbon prior, cremotion, or remorance arother troumatic ever		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	NSEQUENCE OF			244	
The low requires ide. I have been signe e has been signe if permit. Then papere prior to buy hows any injury,	CERTIFICATION	PART 2: OTHER SIGNIFICANT (19b. CONDITION FOR		N WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, WERE FINDIN N CERTIFYING CAUSES YES []	IGS USED
HYSICIAN: The Inding physician. his certificate hos burial-tronsit per Jamentol Hygiene or frem 18 shows	MEDICAL CE	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)	R) P.M.	TH DAY YEAR		RRED (ENTER NATURE OF INJURY I	N ITEM 18, PART 1 OR PART 2)	
NDING PHY:	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY.		211. LOCATION STREET	CITY OR TOWN	COUNTY	STA
ATTE ospito ECTO id for it. af h		220.1 certify that (1) (this hosp sow the deceased give on above, 1) (we) (did po 22th SIGNATURE	ital) attended the deceased fur cust 12 of view the body after death	19.8/ . 01		deoth occurred on the dote		
by the by the ERAL ERAL State		22d. PHYSICIAN S NAME (TYPE C	OR PRINT)	m		MEDICAL STAFF DIRECTOR PHYSICIA	9-1	2-8/
TO HOSPITAL retained by 41 TO FUNERAL should be det with the State IMPORTANT:	230	SIEdwin BURIAL, CREMATION, REMOVAL	Fossett	123r NAME OF C	PD. Box	576 Canba	ridge, mo	I.
BP	130.	ZURIAL	8-16-81	J. 4	E5/EV	LINERS A	2 LOR	1
DHMH-16 30M 2/80 (VRA 15, 4)	1	TO THE CTOR	CA TA	MARIA	Home	TE REC'D. BY REGISTRAR 28	Name SIGNAT	astles



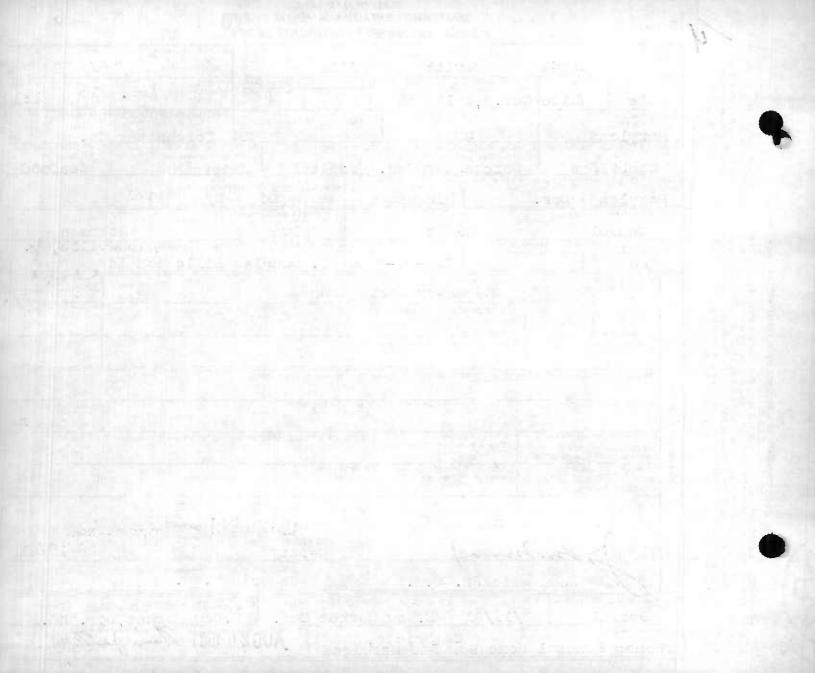
(VRA 15, 4) 1/79



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle 20. DATE OF DEATH funeral si 1' and 2 ter death. Last 2b. HOUR 24 hours after death. (Type or print) arveu s. Pages I' (3. SEX 4. RACE S DATE OF BIRTH IE LINDER 24 HRS. 6. AGE (In years IF UNDER 1 YEAR March 18, 1886 last birthday) MONTHS T HOURS CAU. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED 2 MARYLAND U.S.A. WIDOWED TX DIVORCED [DORCHESTER campletely filled II. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR CAMBRI DGE give street address) during most of warking life, even if retired.) INDUSTRY GENERAL HOSP. waterman shellfish remove car 73o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER Zip, 21675 requires that the death certificate be executed admission) STATE MARYLAND 13b. COUNTY DORCHESTER MARKSHESKHESK YES NO Q (rural)Box 222 and in any 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Last Middle Lost physician and M-11s Caleb Dulcenia edse Moore 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. ar unknawn) burial, crematian, or remaval, Mrs. Bertle Pritchett same as 13 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH cute my occardial infarction IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar ta has been nonua ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO [O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21 e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21 f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram_ saw the deceased alive an _______19 ____, and that in (my) (aur) apinian death accurred an the date and haur and fram the director, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR allugu PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) anman raudlu 23d. LOCATION (City or Jown) Chester, and (State) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE REMOVAL (Specify) Zion Cemetery 25b REGISTRAR'S SENATURE 24. TUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 [4] Cambridge, Md. Curran Funeral Home 1981 GRANCES 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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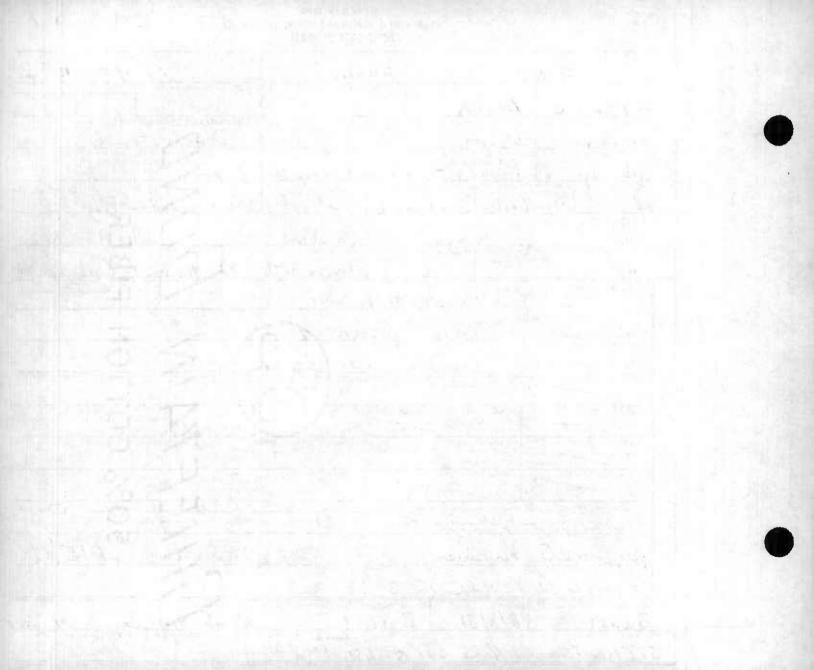
Easton, Md

Newnam Funeral Home

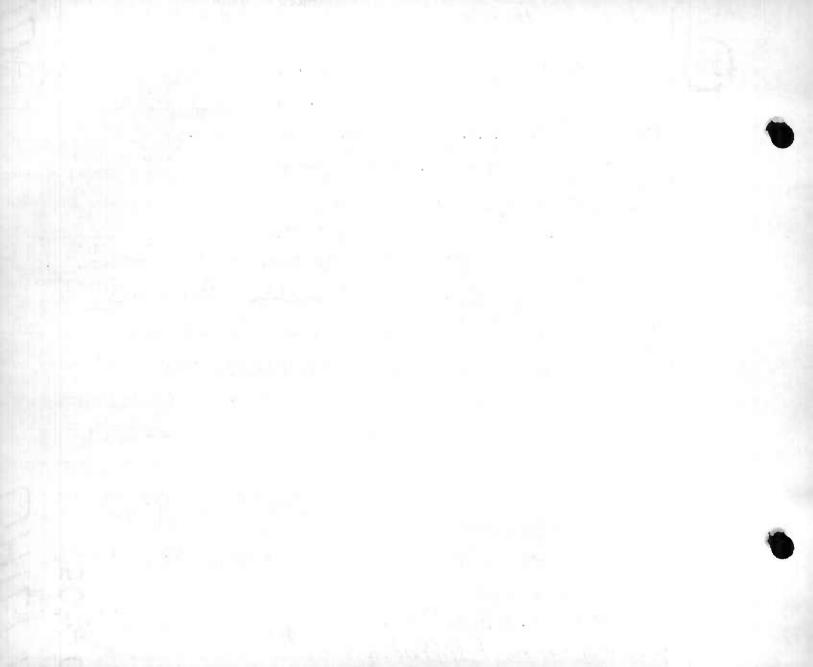
ROOM OF THE PROPERTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2a. DATE OF DEATH MONTH DAY 2h HOUR (TYPE OR PRINT) thei 1981 August 19. 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS HOURS White Female 19. 1909 June TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED USA Maryland WIDOWED DIVORCED T Dorchester 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY None none DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Cambridge Dorchester General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136. COUNTY 136. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Р Cherrywalk Road Mardela Wicomico Maryland YES | NOF 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Driscoll Niblett Joshua Henry Annie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ohnson Road I (IF YES, GIVE WAR OR DATES) Salisbury, 218-76-8429 Mr. E. W. Davis, No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, ORAS A CONSEQUENCE OF Conditions, if ony, which amareneand gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (a), stoting underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) ğ 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 280 AUTOPSY d IN CERTIFYING CAUSES OF DEATH? pe NOD YES NO [Mental Hygi ACEDENT WAS UNDERLYING 210 21h TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR tol-tr OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC 21d INJURY OCCURRED Ď 10 21e PLACE OF INJURY 21f LOCATION ed (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from s sow the deceased alive on 1/18 9 ond that in (my) (aut) opinion death occurred on the date and hour and from the causes stated obove, (1) (wet (did) (did not) view, the body after death Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS with 0 % 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OF TOWN COUNTY STATE BP. 21/81 Burial Parsons Cemeterv Salisbury Wic Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 ADDRESS (VR A 15 (4)) AUG 2 0 1981 HOLLOWAY FUNERAL HOME Salisbury

STAR THE COMMENT OF THE PARTY O



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3 6 8 CERTIFICATE OF DEATH
leral death	DECEASED-NAME (Type or print) DECEASED-NAME (Type or print) DECEASED-NAME (Type or print) Addle Simms Day 21 Years 10 Print)
3.	Female 4. RACE Negro S. DATE OF BIRTH Sept. 17, 1909 6. AGE (In years lif under 14 PAR if under 24 PAR). MONTH'S DAYS HOURS MIN.
Never corban papers. Pog	8IRTHPLACE (Stote or foreign of Value o
1510	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) Cambridge 12a. USUAL OCCUPATION (Kind of work dane during mast of working life, even if retired.) INDUSTRY
do d	n. USUAL RESIDENCE (Where deceased lived, if institution: Residence before list. CITY OR TOWN list institution: Residence before list. CITY OR TOWN list. Residence list. Residence before list. CITY OR TOWN list. Residence list. Resi
9/ 14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Judge Simms Priscilla Simms
	To Was Deceased Ever In U.S. ARMED FORCES? Yes, no, or unknown) 16b. SOCIAL SECURITY NO. 213-18-4163 Noble Simms, Box 401, Federalsburg, Md. Approximate interval
to burial, cremation, or remavol, and to any	Conditions, if any, which gave rise to immediate cause (a). Stoting the underlying cause last. Due TO, OR AS A CONSEQUENCE OF (b) Due TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
9	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
9	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19
/ 3	21d. INJURY OCCURRED While Not while at wark at wark at wark
	22a. I certify that (I) (this haspital) attended the deceased from
Dan Milan	22b. SIGNATURE DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DIRECTOR PHYS. 22c. DAT SIGNFD STAFF PHYS. 22c. DAT SIGNFD SI
should be filled with the State Dept. of Health prior to	a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	REMOVA (Specify at Aug. 26.1981 Johns Cemetery Preston Caroline, Maryland Funeral Director Address Services Appress A
15 (4)	RAMPTOM - HAWKINS F. H. FEDERAL STURG DATE



1	1.	FOR STATE REGISTRAR RAYA	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 1 2	1369
oth	(TYP)	CEASED NAME FIRST		Amuellan	26. DATE OF DEATH MONTH	-3-81 415 PM
9e 4	3. SE	MALU	Negro	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
Seath. Po	C	OUNTRY) Onchute Co	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN Dorchesles	CERENTY MD.
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ompletely ond 2 s		RAG	Smith	15 MOTHER'S MAIDEN NA	MIDDLE	Smuller
on ond co	160 \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	(2200	ther) ADDRESS Llen 805 Trums	an St. Camb., 1d
equires that the death certificate in signed by the ottending physic. Then please remove carbanpaper to buriol, cremotion, or removal injury, or other traumatic event, to	NOI	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause lost	DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO	ence of openic on left up		GIVEN IN PART 1(0)
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ottendii ottendii fter this 75 the bu h ond M nrked or	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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				ASHINGTO			RAVERS		DEATH MATED	0 8	-6-81	5P
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5	7a. BII	RTHPLACE (STATE (SEIGH COUNTRY) MARYLAN		U.S.A		8. MARRI WIDOW	ED A NEVER	MARRIED [9. BALTIMORE CI	TY OR COU HESTER		MC
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1	14. FA	THER'S NAME HENRY		MIDDLE	TRAVER	S	15. MOTHER'S FIRST AN	MAIDEN NAM	E MIDDLE		KELLY	
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9 1		Female	White	MONTH	11 1890	90 yrs.	MONTHS DAYS HOURS MI
10 Pm	rii: Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	NTRY? 8		9 BALTIMORE CITY OR COUNT	
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of the control of the		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS
10 100	Ca	ambridge	Dorchester		l Hospital	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
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BP.______ DHMH-16 30M 2/80 (VRA 15, 4)

1.	FOR STATE REGISTRAR	DE		IEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	2131
	CEASED NAME PAST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(1Ab)	E OR PRINT)	RiettA H.	/	UROten	P	16 81
3 SE		4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
	Female	White	MONT	ct. 5 1882	98	RS MONTHS DAYS HOURS
Ta. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	DE NEVER MARRIED	9 BALTIMORE CITY OR COL	
	Maryland	U.S.	WIDOW		DORC	h,
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINES
(Cambridge	Dorchester		Hospital	Homemaker	INDUSTRY
USU 13a.	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE UNITY 13c. CITY OF	E BEFORE ADMISSION)	113d, INSIDE CITY LIMITS?	13e STREET ADDRESS	
	Md.		oridae	YES NO	200 Haywa	rd stroot
14. F/	ATHER'S NAME FIRST	MIDDLE	ST	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST.
16	Oliver	Horse		Doroth		Beard
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL	L SECURITY NO.	17. INFORMANT	ADDRESS	
,	NO		18-5897	Mrs.Evelvn	Hooper Camb	ridge Md
7	Conditions, if any, which gove rise to immediate couse (a), stoting the underlying cause last.	DUE TO, OR AS A CON DUE TO, OR AS A CON DUE TO, OR AS A CON				7 8 205
CERTIFICATION	PART 2 OTHER SIGNIFICANT Part 2 OTHER SIGNI	196 CONDITION FOR V TRACTURE	In	PECTION ON WAS PERFORMED (CLEURINAL	INC	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH
CAL	OR CONTRIBUTING CAUSE OF D		H DAY YEAR			
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	22a. I certify that (I) (this has sow the deceased alive a	pirat) attended the deceosed on the body ofter death.	01	nd that in (my) (our) opinion	to 16 Aug	d hour and from the couses state
	22b. SIGNATURE Q	Jewell	- Me		MEDICAL STAFF DIRECTOR PHYSICIAN	16 Aug 8
	22d. PHYSICIAN'S NAME (TYPE	0		22e ADDRESS		
	BURIAL, CREMATION, REMOVA	Aug. 19, 198	Dorch		ark , Cambrid	
24 F	UNERAL DIRECTOR THOMAS Fune	eral Home, Ca		25a. DAT	E REC'D. BY REGISTRAR 256 OF THE PROPERTY OF T	

